PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

(703) 746-4000

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

or Fax

09629

7590

03/21/2005

MORGAN LEWIS & BOCKIUS LLP 1111 PENNSYLVANIA AVENUE NW **WASHINGTON, DC 20004**

06/23/2005 MBEYENE2 00000169 500310 09913020

01 FC:1501 02 F

1400.00 DA



Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below.

001 12.00 1	DA			(Signature)			
							(Date)
APPLICATION NO.	FILING DATE	FILING DATE FIRST NAMED INVENTOR			ATTORNEY DO	OCKET NO.	CONFIRMATION NO.
09/913,020	05/06/2002	05/06/2002 Elaine Sophie Elizabeth S			T 1:82705		5058
TLE OF INVENTION: (QUINAZOLINE DERIVATIV	ES AS ANGIOC	ENESIS INHIBITO	RS	05620	71-5019	
APPLN. TYPE	SMALL ENTITY	ISSUE F	EE F	UBLICATION FEE	TOTAL FEE(S) DUE		DATE DUE
nonprovisional	NO	\$140)	\$0	\$1400		06/21/2005
EXAMINER		ART UNIT		LASS-SUBCLASS	7		
RAYMOND, RICHARD L		1624		514-266200	_		
R 1.363). Change of correspond Address form PTO/SB/1 "Fee Address" indica PTO/SB/47; Rev 03-02 Number is required. ASSIGNEE NAME AND		Correspondence tion form of a Customer E PRINTED ON Toow, no assignee f this form is NO	(1) the names of or agents OR, alte (2) the name of a registered attorne 2 registered pater listed, no name when the PATENT (print data will appear on T a substitute for filin (PESIDENCE: (CIT))	single firm (having as y or agent) and the nar t attorneys or agents. I ill be printed. or type)	a member a nes of up to f no name is a nee is identified be	MORGA BOCKI	US LLP
The following fee(s) are Issue Fee Publication Fee (No si Advance Order - # of	mall entity discount permitted Copies4 - (from status indicated above)	4b	Payment of Fee(s): A check in the ar Payment by cred	nount of the fee(s) is en	nclosed. B is attached.		edit any overpayment, to by of this form). Any deficienc

Date <u>June 21</u>, 2005 Authorized Signature Donald Typed or printed name Registration No. 25,323

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22315-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.